


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 752938 1. Entity Name GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTION II, INC.			
Principal Place of Business P & M PROPERTY MANAGEMENT 14360 S. TAMiami TrL., B FORT MYERS, FL 33912 US		Mailing Address P & M PROPERTY MANAGEMENT 14360 S. TAMiami TrL., B FORT MYERS, FL 33912 US	
2. Principal Place of Business - No P.O. Box # <i>Schoo Management, Inc</i> Suite, Apt. #, etc. <i>941-2 Cypress Lake Dr</i> City & State <i>FE. Myers, FL</i> Zip <i>33919</i> Country <i>USA</i>		3. Mailing Address <i>Schoo Management, Inc</i> Suite, Apt. #, etc. <i>941-2 Cypress Lake Dr</i> City & State <i>FE. Myers, FL</i> Zip <i>33919</i> Country <i>USA</i>	
			
		04042007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2165558		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAPI PAUL PTM PROPERTY MGMT 14360 S. TAMiami TrL., B FORT MYERS, FL 33912		7. Name and Address of New Registered Agent Name <i>Bob Gelles</i> Street Address (P.O. Box Number is Not Acceptable) <i>90 Schoo Management, Inc</i> <i>941-2 Cypress Lake Drive</i> City <i>FE. Myers</i> FL Zip Code <i>33919</i>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Robert E. Geller</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		SIGNATURE <i>Robert E. Geller, CAM</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		DATE <i>7-23-07</i>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TS BECKER, STEVE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000103609150 05/31/07--01028--015 **61.25
STREET ADDRESS	8148 COUNTRY RD 205	NAME	
CITY-ST-ZIP	FORT MYERS, FL 33919	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMAHON, JOAN	NAME	
STREET ADDRESS	8148 COUNTRY RD #104	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHAHAN, JAMES	NAME	
STREET ADDRESS	8148 COUNTRY RD #204	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>8/5/24</i>	NAME	<i>Kapaylan, Edward</i>
STREET ADDRESS		STREET ADDRESS	<i>8148 Country Rd # 104</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>FE. Myers, FL 33919</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Joan McMahon</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		SIGNATURE <i>Joan McMahon Pres.</i> <small>Date</small> <i>4-21-07</i> <i>238-481-4200</i> <small>Daytime Phone #</small>	

FILED

07 MAY 17 PM 3:31

STATE
FLORIDA